

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003054

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: FIRESTAR INTERNATIONAL, L.L.C.

**Current Principal Place of Business:**

2200 N.W. 29TH STREET  
OAKLAND PARK, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2200 N.W. 29TH STREET  
OAKLAND PARK, FL 33311

**New Mailing Address:**

FEI Number: 20-2139839

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BOFSHEVER, HAROLD S  
4875 N. FEDERAL HIGHWAY, 7TH FLOOR  
FORT LAUDERDALE, FL 33108 US

**Name and Address of New Registered Agent:**

STEIN, JACK  
1499 W PALMETTO PARK ROAD  
SUITE 300  
BOCA RATON, FL 33486 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JACK STEIN

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRUBER, MICHAEL A  
Address: 7431 N.W. 42ND STREET  
City-St-Zip: FORT LAUDERDALE, FL 333193903

Title: MGRM ( ) Delete  
Name: RANGER, MICHAEL G  
Address: FROGS HALL, BISHOPS, STORTSFORD  
City-St-Zip: ENGLAND CM22 6P3,

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL A. GRUBER

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date